

2006-2007 Healthy Marriage and Stable Families Initiative
QUARTERLY FINANCIAL REPORT & REIMBURSEMENT INVOICE
Contract #:

Grantee Name: _____ FIN#: _____

For Period Ending: ___ 12/31/06 (due by 1/27/07) ___ 3/31/07 (due by 4/27/07)
 ___ 6/30/07 (due by 7/27/07) ___ 9/30/07 (due by 10/27/07)

Individual Preparing Invoice/Report

Name: _____ Title: _____

Phone Number: _____

Expenditure Category	Invoice* Amount for this Period	Cumulative Year-to-Date Expenditures	Grantee's Approved Project Budget
<i>Salaries</i>			
<i>Employee Benefits</i>			
<i>Postage</i>			
<i>Equipment</i>			
<i>Printing</i>			
<i>Consumable Supplies</i>			
<i>Training</i>			
<i>Travel</i>			
<i>Other Costs ~ Identified in Contract Budget (Specify by line item)</i>			
TOTAL	\$	\$	\$

Add Additional Rows As Necessary

***Attach backup/supporting documentation for all expenses invoiced.**

(Not including the required documentation will delay reimbursement!!)

Total Invoice Amount for this Period: \$ _____

Signature: _____ **Date:** _____